

Child Day Care Certification Standards and Checklist

Completion of this form meets the requirements of Chapter DWD 55 of the Wisconsin Administrative Code
Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.4 (1)(m)].

Care Will Be Provided In: (check one) <input type="checkbox"/> Child's home <input type="checkbox"/> Provider's home	
Applicant Last Name	First Name
Street Address	City
	Zip Code
Telephone ()	
E-mail	

APPLICATION PROCESS

Check "yes" if the statement is true; "no" if the statement is not true; check "N/A" if a standard does not apply to you.
Note: all standards apply to both public and private-pay children.

DWD Rule No.

- ☐ Yes ☐ No ☐ N/A 55.04(7)(b)2.c New applicants. The certifying agency has given me information on child care and the certification program. The information included materials on Sudden Infant Death Syndrome (SIDS), child development, positive discipline, health and safety, and nutrition.
- ☐ Yes ☐ No ☐ N/A 55.04(7)(b)2.d I understand that the certifying agency must conduct an on-site inspection of the place where the care will be provided before certification or within 30 days following initial certification, recertification, or a provider's move to a new location. If I move to a different location, I will inform the certifying agency well in advance.
- ☐ Yes ☐ No ☐ N/A 55.04(7)(b)2.e I understand that a certifying agency must check criminal records history on the applicant, employees, assistants, substitutes and for adults living in the certified home (includes resident children 10 and older).

 Adults in my home: _____

 Children living in my home: _____

 Substitutes, employees and assistants: _____
- ☐ Yes ☐ No ☐ N/A 55.04(3)(c) I have submitted a "Background Information Disclosure" form for each person to the certifying agency.
- ☐ Yes ☐ No ☐ N/A 55.04(7)(b)2.h I am also licensed/certified as a _____
 (list any license or certification to care for children or adults, including foster care or adult care). I have requested a statement from the above regulating agency indicating that they approve a child care business in my home. Name of regulating agency: _____
- ☐ Yes ☐ No ☐ N/A Certification continuation: I will submit an application and other required materials to the certifying agency within the timeline specified by the certifying agency (at least 30 days prior to the end of the current certification period).